

Form 503**(Revised 05/11)**

Return in duplicate to:
 Secretary of State
 P.O. Box 13697
 Austin, TX 78711-3697
 512 463-5555
 FAX: 512 463-5709
Filing Fee: \$25

**Assumed Name Certificate**

This space reserved for office use.

FILED
 In the Office of the
 Secretary of State of Texas
JUL 24 2012

Corporations Section**Assumed Name**

1. The assumed name under which the business or professional service is, or is to be, conducted or rendered is: Project for Community Restoration, LLC

Entity Information

2. The legal name of the entity filing the assumed name is:

The Heidi Group, Inc.

State the name of the entity as currently shown in the records of the secretary of state or on its organizational documents, if not filed with the secretary of state.

3. The entity filing the assumed name is a: (Select the appropriate entity type below.)

☐ For-profit Corporation☐ Limited Liability Company☒ Nonprofit Corporation☐ Limited Partnership☐ Professional Corporation☐ Limited Liability Partnership☐ Professional Association☐ Cooperative Association☐ Other

Specify type of entity. For example, foreign real estate investment trust, state bank, insurance company, etc.

4. The file number, if any, issued to the entity by the secretary of state is: 136982601

5. The state, country, or other jurisdiction of formation of the entity is: Texas, USA

6. The registered office or similar office address of the entity in its jurisdiction of formation is:

Chisholm Trail, Suite 310*Street Address*Round Rock*City*TX*State*USA*Country*78681*Zip or Postal Code*

7. The entity's principal office address in Texas is: (See instructions.)

same as above*Street Address*TX*City**Zip or Postal Code*

8. The entity is not organized under the laws of Texas and is not required by law to maintain a registered agent and registered office in Texas. Its office address outside the state is:

N/A*Street Address**City**State**Zip or Postal Code*

Period of Duration

☒ 9a. The period during which the assumed name will be used is 10 years from the date of filing with the secretary of state.

OR

☐ 9b. The period during which the assumed name will be used is _____ years from the date of filing with the secretary of state (not to exceed 10 years).

OR

☐ 9c. The assumed name will be used until _____ (not to exceed 10 years).
mm/dd/yyyy

County or Counties in which Assumed Name Used

10. The county or counties where business or professional services are being or are to be conducted or rendered under the assumed name are:

☒ All counties

☐ All counties with the exception of the following counties: _____

☐ Only the following counties: _____

Execution

The undersigned signs this document subject to the penalties imposed by law for the submission of a materially false or fraudulent instrument and also certifies that the person is authorized to sign on behalf of the identified entity. If the undersigned is acting in the capacity of an attorney in fact for the entity, the undersigned certifies that the entity has duly authorized the undersigned in writing to execute this document.

Date: July 24, 2012

Katherine A. Winniford

Katherine A. Winniford, as

Signature of a person authorized by law to sign on behalf of the identified entity (see instructions)

Board Member